

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

98 JAN -2 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001491

GF SPA, LTD.



2/1/15

Mailing Address

Principal Office Address

890 NORTH ORANGE AVE., SUITE 1200
ORLANDO FL 32801

390 NORTH ORANGE AVE., SUITE 1200
ORLANDO FL 32801

3. Date Formed or Registered

10/05/1995

3a. Date of Last Report

04/10/1997

4. State or Country of Formation

FL

6. FEI Number

59-3337151

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

7556 Municipal Dr.

7556 Municipal Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

Orange

Zip

32819

Country

Orange

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

BRYAN, NIKI T

890 NORTH ORANGE AVE., SUITE 1200
ORLANDO FL 32801

Name

Street Address (P.O. Box Number Is Not Acceptable)

7556 Municipal Drive

Suite, Apt. #, etc.

City

Orlando

Zip Code

FL 32819

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Mum

DATE 12/11/97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

NIKI BRYAN FAMILY LIMITED PA

390 NORTH ORANGE AVE.

ORLANDO FL 32801

A95000001446

4000002406884--9
-01/21/98--01081--007
****173.75 ****173.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Mum

DATE

12/11/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)